

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4476**

BIRTH NO.		REG. DIST. NO. <b>118</b>	PRIMARY REG. DIST. NO. <b>5438</b>	Registrar's No. <b>8</b>
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brush Creek</b>		c. LENGTH OF STAY (In this place) <b>37 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brush Creek Twp.</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Tea, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Tea, Mo.</b>		
3. NAME OF DECEASED (Type or Print) <b>Alonzo Scott Matthews</b>		a. (First)	b. (Middle)	c. (Last)
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>
8. DATE OF BIRTH <b>Aug. 22, 1871</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Tea, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Burgess A. Matthews</b>		
13b. MOTHER'S MAIDEN NAME <b>Mason</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia C. Shelton</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Taft Matthews</b> ADDRESS <b>Cuba, Mo. R 1.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Myocarditis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <b>Jan 1947</b> to <b>Feb 11, 1949</b> that I last saw the deceased alive on <b>Feb 11, 1949</b> , and that death occurred at <b>4 P M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>J. K. Matthews</b> (Degree or title)		23b. ADDRESS <b>Beaufort, Mo</b>		23c. DATE SIGNED <b>2-12-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-13-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Warren Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Tea Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilford H. N. Winter</b> ADDRESS		
DATE REC'D BY LOCAL REG. <b>Feb 26, 1949</b>		REGISTRAR'S SIGNATURE <b>Dorothy Hackman</b> <b>363</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 13 1949

Date Filed 3-7-49  
District File Number \_\_\_\_\_  
District Health Officer No. 9

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, <sup>XXXX</sup> of by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Malford H. H. Winter

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.